

DUE PROCESS HEARING REQUEST FORM

Please submit any request for a due process hearing to your district superintendent and to the Dispute Resolution Coordinator, State Department of Education, Division of Student Achievement and School Accountability, P.O. Box 83720, Boise, ID 83720-0027. (You may use this form or submit a letter that includes the information below.)

A. General Information: (type or print)

Date of Written Request: _____ Date Received (completed by SDE): _____

Name of Individual Requesting Hearing: _____

Address: _____

City: _____ Zip: _____ Day Phone: _____

Parent/Guardian of Student: _____

Address: _____

City: _____ Zip: _____ Telephone: (Hm) _____ (Wk) _____

Name of District/Agency Hearing Request Is Against: _____

Student Information:

District Information:

Student Name: _____ District Contact: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Telephone: _____ Telephone: _____

School Student Attends: _____

(Complete if the information is available):

Student's Attorney: _____

(Complete if the information is available):

District's Attorney: _____

B. Issue(s): Describe your specific problem that relates to any matter of identification, evaluation, educational placement, or provision of a free appropriate public education. Summarize the facts and information as a basis for each allegation. (Attach additional pages if needed.)

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C. Resolution: Please provide your suggestions for solving the problem. (Attach additional pages if needed.)

Signature of Individual Requesting Hearing

Title or Relationship to Student

Date _____